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3731
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PTO/SB/21 (02-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | | |
|---|----------------------|------------------------|-----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/997,449 | |
| | Filing Date | November 30, 2001 | |
| | First Named Inventor | Shamim M. Malik | |
| | Art Unit | 3731 | |
| | Examiner Name | Uyen Ho | |
| Total Number of Pages in This Submission | 15 | Attorney Docket Number | 50623.134 |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response (12 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Express Mail Label No. EV 337 975 967 US <input checked="" type="checkbox"/> Amendment Transmittal (In duplicate) <input checked="" type="checkbox"/> Certificate of Express Mail <input checked="" type="checkbox"/> Postage Paid Return Postcard <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div>Remarks</div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|-------------------|
| Firm or Individual name | Charles E. Runyan |
| Signature | |
| Date | April 13, 2005 |

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|-----------------|------|----------------|
| Typed or printed name | Patricia Gamble | Date | April 13, 2005 |
| Signature | | | |

APR 13 2005

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Shamim M. Malik et al

Docket No.

50623.134

Serial No.

09/997,449

Filing Date

November 30, 2001

Examiner

Uyen T. Ho

Group Art Unit

3731

Invention:

A Modified Implantable Device Surface and a Method of Making the Same

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as show below.

CLAIMS AS AMENDED

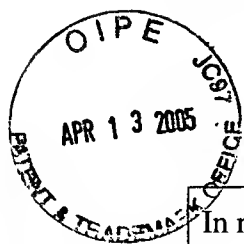
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|-------------------------------------|-----------------------------|--------------------------------|------------|----------------|
| TOTAL CLAIMS | 30 | 30 | 0 | X \$50.00 | \$00.00 |
| INDEP. CLAIMS | 3 | 3 | 0 | X \$200.00 | \$00.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$00.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$00.00 |

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. 07-1850 in the amount of \$00.00
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850
A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 C.F.R. 116.
- ☐ Any patent application processing fees under 37 C.F.R. 117.

Dated: April 13, 2005
Squire, Sanders & Dempsey L.L.P.
1 Maritime Plaza, Suite 300
San Francisco, CA 94111
(415) 954-0200

Charles E. Runyan
Reg. No. 43,068

cc: Docket:

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

| | |
|--|----------------|
| In re Application of: | Examiner: |
| Shamim M. Malik, et al. | Uyen T. Ho |
| Serial No. 09/997,449 | Art Unit: 3731 |
| Filed: November 30, 2001 | |
| Title: A Modified Implantable Device Surface And A Method Of Making The Same | |

Commissioner for Patents
USPTO
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Examiner Ho:

This responds to the Office Action dated February 3, 2005.

Specification amendments begin at page 2.

Claim amendments begin at page 3.

Remarks begin at page 10.